

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032678

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 99

STATE FILE NUMBER

VS 300  
Rev. 4/59

10500

20500

3

4 0

5 2

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7 0

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94200

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11

12 90-0

13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>High Ridge</b>		c. CITY OR TOWN <b>High Ridge</b>	
Length of stay in 1b <b>20 yrs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pleasant View Dr.</b>		d. STREET ADDRESS (If outside, give location) <b>Pleasant View Dr.</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>S.</b> Last <b>Kelly</b>		4. DATE OF DEATH Month <b>August</b> Day <b>24</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-19-1891</b>
9. AGE (last birthday) <b>72</b>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pressman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Simmons-Woodward Printing Co.</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Stephen Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Waters</b>	
14. NAME OF HUSBAND OR WIFE <b>Ora M. Kelly</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>2</b>		17. INFORMANT <b>Robert E. Kelly 9022 Pilot Ave. (23)</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>Art. Sclerotic Heart Disease</b> DUE TO (c) <b>4 years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary Emphysema</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:30</b> Month, Day, Year <b>8/26/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis Co. Missouri</b>	
21. I attended the deceased from <b>1960</b> to <b>8/26/63</b> and last saw him alive on <b>2:30 Pm on 8/26/63</b> Death occurred at <b>7:15</b> Pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do not print name) <b>Robert E. Kelly</b>	
22b. ADDRESS <b>800 W Lindbergh</b>		22c. DATE SIGNED <b>8/26/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-28-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
23d. LOCATION (City, town, or county) <b>St. Louis Co. Missouri</b>		24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>	
25. DATE RECD. BY LOCAL REG. <b>8/28/63</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Juanita Schmidt</b>	

(Licensed Embalmer's Statement on Reverse Side)

Rec'd 9/29 10:41 AM 9/29  
St. Louis 9/29

SEP 4 1963

SEP 26 1963

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. W. Storrsand

Licensed Embalmer No. 4007

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.